



# 2013 CPT®/HCPCS Codes Update

TMA UBO Program Office Contract Support Team

Dates and Times:

22 Jan 2013 @ 0800 – 0900 EST

24 Jan 2013 @ 1400 – 1500 EST

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# Objectives

- Understand revised, new and deleted CPT® & HCPCS Codes
- Identify new CPT® & HCPCS modifiers
- Share this knowledge with others in your MTF

- American Medical Association (AMA) revises CPT ® codes annually, effective 1 January
  - CMS HCPCS updates occur on a quarterly basis
- MHS updates CPT ® codes annually, however generally not loaded into billing systems until 2<sup>nd</sup> Q FY
  - 11 February 2013 is CPT ® deployment start for AHTLA, CHCS, CCE
- MHS Outpatient Itemized Billing (OIB) rates for new 2013 codes not available until mid-year (generally 1 July 2013)



# 2013 CPT®/HCPCS Updates

- Over 500 code changes (*source: AMA 2013 CPT® Professional Edition book; Ingenix 2013 HCPCS Procedure book*)
- Resequencing - order of codes in printed materials do not correlate with numerical sequence of code; for administrative purposes; does not affect use of code
- Minor additions to the Evaluation and Management Service Guidelines
- New Instructions to clarify billing when critically ill neonate or pediatric patient is transferred to lower-level care
- Modifier use updates
- Category I Changes
  - 186 New Codes
  - 119 Deleted Codes
  - More than 260 revisions
  - 18 Revised CPT ® modifiers
  - Guideline Changes



# Symbols for 2013 Changes

- New Code
  - ▲ Revised Code
  - # Out-of-Numerical Sequence Code (resequenced code)
  - + Add-on Code
  - Moderate Sedation
- words with a ~~strike-through~~ are deleted in 2013
- Underlined words are new in 2013

All 82 E/M codes revised to include “other qualified health care professionals” and to revise corresponding verbiage about time spent with patient and/or family:

Example:

- ▲ 99202 – Counseling and/or coordination of care with other physicians, other providers qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs

Usually, the presenting problem(s) are of low to moderate severity. ~~Physicians typically spend~~  
Typically, 20 minutes are spent face-to-face with the patient and/or family.

## Pediatric Critical Care Transport

Two new codes to report services provided by the control physician during an interfacility transport:

- ● # 99485 – Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes
- ● # + 99486 – each additional 30 minutes (List separately in addition to code for primary procedure)

# Evaluation and Management

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>99487</b> – Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>99488</b> – first hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>+ 99489</b> – each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)</li> </ul>

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>99495 - Transitional Care Management Services</b> with the following required elements: <ul style="list-style-type: none"> <li>▪ Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>▪ Medical decision making of at least moderate complexity during the service period</li> <li>▪ Face-to-face visit, within 14 calendar days of discharge</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>● <b>99496 - Transitional Care Management Services</b> with the following required elements: <ul style="list-style-type: none"> <li>▪ Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge</li> <li>▪ Medical decision making of high complexity during the service period</li> <li>▪ Face-to-face visit, within 7 calendar days of discharge</li> </ul> </li> </ul>

2012 CPT® Description	2013 CPT® Description
<b>01991</b> - Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position	▲ <b>01991</b> - Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position
<b>01992</b> - prone position	▲ <b>01992</b> - prone position



# Integumentary System

2012 CPT® Description	2013 CPT® Description
<b>15740</b> – Flap; island pedicle	▲ <b>15740</b> – Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel



# Musculoskeletal Changes

## 2012 CPT® Description

**20665** – Removal of tongs or halo applied by another physician

## 2013 CPT® Description

▲ **20665** – Removal of tongs or halo applied by another individual

## 2012 CPT® Description

**+22522** – each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

## 2013 CPT® Description

**▲+□ 22522** each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

# Musculoskeletal Changes

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"><li>● <b>22586</b> - Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace</li></ul>

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>23473</b> – Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>23474</b> – Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component</li> </ul>

# Musculoskeletal System

2012 CPT® Description	2013 CPT® Description
	● <b>24370</b> – Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
	● <b>24371</b> – humeral and ulnar component

2012 CPT® Description	2013 CPT® Description
<b>28890</b> – Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	<b>▲ 28890</b> – Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
<b>29590</b> – Denis-Browne splint strapping	<del><b>29590</b> – Denis-Browne splint strapping</del>



# Respiratory System

2012 CPT® Description	2013 CPT® Description
	● <input type="checkbox"/> <b>31647</b> – Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe
	● <input type="checkbox"/> <b>31648</b> – Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe
	● <input type="checkbox"/> + <b>31649</b> – with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)
	● <input type="checkbox"/> + <b>31651</b> – with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])

2012 CPT® Description	2013 CPT® Description
<b>31656</b> - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)	<del><b>31656</b> - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)</del>
	● <b>31660</b> - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
	● <b>31661</b> - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
<b>31715</b> - Transtracheal injection for bronchography	<del><b>31715</b> - Transtracheal injection for bronchography</del>

# Respiratory System

2012 CPT® Description	2013 CPT® Description
<b>32420</b> – Pneumocentesis, puncture of lung for aspiration	<del><b>32420</b>—Pneumocentesis, puncture of lung for aspiration</del>
<b>32421</b> – Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	<del><b>32421</b>—Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent</del>
<b>32422</b> – Thoracentesis with insertion of tube, includes water seal (e.g., for pneumothorax), when performed (separate procedure)	<del><b>32422</b>—Thoracentesis with insertion of tube, includes water seal (e.g., for pneumothorax), when performed (separate procedure)</del>
<b>32551</b> – Tube thoracostomy, includes water seal (e.g., for abcess, hemothorax, empyema), when performed (separate procedure)	<b>▲ □ 32551</b> – Tube thoracostomy, includes connection to drainage system (e.g., water seal), when performed, open (separate procedure)
	<b>● 32554</b> – Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
	<b>● 32555</b> – with imaging guidance
	<b>● 32556</b> – Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance



# Respiratory System

## 2012 CPT® Description

## 2013 CPT® Description

- **32701** – Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

2012 CPT® Description	2013 CPT® Description
<p><b>+33225</b> - Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (List separately in addition to code for primary procedure)</p>	<p><b>▲+ 33225</b> - Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) (List separately in addition to code for primary procedure)</p>

2012 CPT® Description	2013 CPT® Description
	● <b>33361</b> – Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
	● <b>33362</b> – Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
	● <b>33363</b> – Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
	● <b>33364</b> – Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>33365</b> – Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)</li> </ul>
	<ul style="list-style-type: none"> <li>●+ <b>33367</b> – cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (e.g., femoral vessels) (List separately in addition to code for primary procedure)</li> </ul>
	<ul style="list-style-type: none"> <li>●+ <b>33368</b> – cardiopulmonary bypass support with open peripheral arterial and venous cannulation (e.g., femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)</li> </ul>
	<ul style="list-style-type: none"> <li>●+ <b>33369</b> – cardiopulmonary bypass support with central arterial and venous cannulation (e.g., aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)</li> </ul>

2012 CPT® Description	2013 CPT® Description
	<p>● <b>33990</b> – Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only</p>
	<p>● <b>33991</b> – Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture</p>
	<p>● <b>33992</b> – Removal of percutaneous ventricular assist device at separate and distinct session from insertion</p>
	<p>● <b>33993</b> – Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion</p>

2012 CPT® Description	2013 CPT® Description
<b>36010</b> – Introduction of catheter, superior or inferior vena cava	▲ <b>36010</b> – Introduction of catheter, superior or inferior vena cava
<b>36140</b> – extremity artery	▲ <b>36140</b> – Introduction of needle or intracatheter; extremity artery



# Cardiovascular System

2012 CPT® Description	2013 CPT® Description
	● <b>36221</b> - Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
	● <b>36222</b> - Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
	● <b>36223</b> - Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed dual lead system
	● <b>36224</b> - Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes



# Cardiovascular System

2012 CPT® Description	2013 CPT® Description
	● <input type="checkbox"/> <b>36225</b> – Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
	● <input type="checkbox"/> <b>36226</b> – Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
	●+ <input type="checkbox"/> <b>36227</b> – Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
	●+ <input type="checkbox"/> <b>36228</b> – Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (e.g., middle cerebral artery, 28

2012 CPT® Description	2013 CPT® Description
<b>36400</b> – Venipuncture, younger than age 3 years, necessitating physician’s skill, not to be used for routine venipuncture; femoral or jugular vein	▲ <b>36400</b> – Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
<b>36405</b> – scalp vein	▲ <b>36405</b> – scalp vein
<b>36406</b> – other vein	▲ <b>36406</b> – other vein
<b>36410</b> – Venipuncture, age 3 years or older, necessitating physician’s skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	▲ <b>36410</b> – Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)



# Cardiovascular System

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>37197</b> - Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed</li> </ul>
<b>37201</b> - Transcatheter therapy, infusion for thrombolysis other than coronary	<del><b>37201</b>—Transcatheter therapy, infusion for thrombolysis other than coronary</del>
<b>37203</b> - Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter)	<del><b>37203</b>—Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter)</del>
<b>37209</b> - Exchange of a previously placed intravascular catheter during thrombolytic therapy	<del><b>37209</b>—Exchange of a previously placed intravascular catheter during thrombolytic therapy</del>
	<ul style="list-style-type: none"> <li>● <b># 37211</b> - Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day</li> </ul>
	<ul style="list-style-type: none"> <li>● <b># 37212</b> - Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day</li> </ul>

2012 CPT® Description	2013 CPT® Description
	<p>●# <b>37213</b> – Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;</p>
	<p>●# <b>37214</b> – Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method</p>



# Hemic and Lymphatic System

2012 CPT® Description	2013 CPT® Description
<b>38240</b> – Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic	▲ <b>38240</b> – Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
<b>38241</b> – Bone marrow or blood-derived peripheral stem cell transplantation; autologous	▲ <b>38241</b> – Hematopoietic progenitor cell (HPC); autologous transplantation
	● <b>#38243</b> – HPC boost
<b>38242</b> – Allogeneic donor lymphocyte infusions	▲ <b>38242</b> – Allogeneic lymphocyte infusions

# Digestive System

2012 CPT® Description	2013 CPT® Description
	● <b>43206</b> - Esophagoscopy, rigid or flexible; with optical endomicroscopy
<b>43234</b> - Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)	<del><b>43234</b> - Upper gastrointestinal endoscopy, simple primary examination (e.g., with small diameter flexible endoscope) (separate procedure)</del>

2012 CPT® Description	2013 CPT® Description
	<p>● <b>43252</b> - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with optical endomicroscopy</p>

# Digestive Systems

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"><li>● <b>44705</b> – Preparation of fecal microbiota for instillation, including assessment of donor specimen</li></ul>



# Urinary System

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"><li>● <b>52287</b> – Cystourethroscopy, with injection(s) for chemodenervation of the bladder</li></ul>



# Maternity Care and Delivery

## 2012 CPT® Description

**59300** – Episiotomy or vaginal repair, by other than attending physician

## 2013 CPT® Description

▲ **59300** – Episiotomy or vaginal repair, by other than attending

## 2012 CPT® Description

**62370** – Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician)

## 2013 CPT® Description

▲ **62370** – Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)

## 2012 CPT® Description

**64561** – Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

## 2013 CPT® Description

▲ **64561** – Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

# Nervous System

2012 CPT® Description	2013 CPT® Description
<b>64612</b> – Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	▲ <b>64612</b> – Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (e.g., for blepharospasm, hemifacial spasm)
<b>64614</b> – Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)	▲ <b>64614</b> – Chemodenervation of muscle(s); extremity and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)
	● <b>64615</b> – Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)



# Eye and Ocular Adnexa

2012 CPT® Description	2013 CPT® Description
<b>65800</b> – Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous	▲ <b>65800</b> – Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
<b>65805</b> – Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	<del><b>65805</b> – Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous</del>



# Eye and Ocular Adnexa

2012 CPT® Description	2013 CPT® Description
<b>67810</b> – Biopsy of eyelid	▲ <b># 67810</b> – Incisional biopsy of eyelid skin including lid margin

# Diagnostic Radiology (Diagnostic Imaging)

2012 CPT® Description	2013 CPT® Description
<b>71040</b> – Bronchography, unilateral, radiological supervision and interpretation	<del><b>71040</b> – Bronchography, unilateral, radiological supervision and interpretation</del>
<b>71060</b> – Bronchography, bilateral, radiological supervision and interpretation	<del><b>71060</b> – Bronchography, bilateral, radiological supervision and interpretation</del>
<b>72040</b> – Radiologic examination, spine, cervical; 2 or 3 views	▲ <b>72040</b> – Radiologic examination, spine, cervical; 3 views or less
<b>72050</b> – Radiologic examination, spine, cervical; minimum of 4 views	▲ <b>72050</b> – Radiologic examination, spine, cervical; 4 or 5 views
<b>72052</b> – Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	▲ <b>72052</b> – Radiologic examination, spine, cervical; 6 or more views

# Diagnostic Radiology (Diagnostic Imaging)

2012 CPT® Description	2013 CPT® Description
<b>75650</b> – Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation	<del>75650—Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation</del>
<b>75660</b> – Angiography, external carotid, unilateral, selective, radiological supervision and interpretation	<del>75660—Angiography, external carotid, unilateral, selective, radiological supervision and interpretation</del>
<b>75662</b> – Angiography, external carotid, bilateral, selective, radiological supervision and interpretation	<del>75662—Angiography, external carotid, bilateral, selective, radiological supervision and interpretation</del>
<b>75665</b> – Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation	<del>75665—Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation</del>
<b>75671</b> – Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation	<del>75671—Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation</del>
<b>75676</b> – Angiography, carotid, cervical, unilateral, radiological supervision and interpretation	<del>75676—Angiography, carotid, cervical, unilateral, radiological supervision and interpretation</del>
<b>75680</b> – Angiography, carotid, cervical, bilateral, radiological supervision and interpretation	<del>75680—Angiography, carotid, cervical, bilateral, radiological supervision and interpretation</del>
<b>75685</b> – Angiography, vertebral, cervical,	<del>75685—Angiography, vertebral, cervical,</del>

# Diagnostic Radiology (Diagnostic Imaging)

2012 CPT® Description	2013 CPT® Description
<b>75896</b> – Transcatheter therapy, infusion, any method (e.g., thrombolysis other than coronary), radiological supervision and interpretation	▲ <b>75896</b> – Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation
<b>75898</b> – Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	▲ <b>75898</b> – Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
<b>75900</b> – Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	<del><b>75900</b> – Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation</del>
<b>75961</b> – Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation	<del><b>75961</b> – Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation</del>

# Diagnostic Radiology (Diagnostic Imaging)

2012 CPT® Description	2013 CPT® Description
<b>76000</b> – Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)	<b>▲76000</b> – Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)
<b>76001</b> – Fluoroscopy, physician time more than 1 hour, assisting a nonradiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	<b>▲76001</b> – Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

2012 CPT® Description	2013 CPT® Description
<p><b>76376</b> – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality not requiring image postprocessing on an independent</p>	<p>▲ <b>76376</b> – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation 185delAG, 5385insC, 6174delT variant</p>
<p><b>76377</b> – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality requiring image postprocessing on an independent workstation</p>	<p>▲ <b>76377</b> – 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation</p>

# Diagnostic Ultrasound

2012 CPT® Description	2013 CPT® Description
<b>76885</b> – Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)	<b>▲76885</b> – Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
<b>76886</b> – Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)	<b>▲76886</b> – Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)

# Breast Mammography

2012 CPT® Description	2013 CPT® Description
<p><b>+77051</b> - Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)</p>	<p><b>▲ + 77051</b> - Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)</p>
<p><b>+77052</b> - screening mammography (List separately in addition to code for primary procedure)</p>	<p><b>▲ + 77052</b> - screening mammography (List separately in addition to code for primary procedure)</p>

2012 CPT® Description	2013 CPT® Description
<b>77071</b> – Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated	<b>▲77071</b> – Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated

2012 CPT® Description	2013 CPT® Description
<b>78000</b> – Thyroid uptake; single determination	<del>78000</del> —Thyroid uptake; single determination
<b>78001</b> – Thyroid uptake; multiple determinations	<del>78001</del> —Thyroid uptake; multiple determinations
<b>78003</b> – Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	<del>78003</del> —Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
<b>78006</b> – Thyroid imaging, with uptake; single determination	<del>78006</del> —Thyroid imaging, with uptake; single determination
<b>78007</b> – Thyroid imaging, with uptake; multiple determinations	<del>78007</del> —Thyroid imaging, with uptake; multiple determinations
<b>78010</b> – Thyroid imaging; only	<del>78010</del> —Thyroid imaging; only
<b>78011</b> – Thyroid imaging; with vascular flow	<del>78011</del> —Thyroid imaging; with vascular flow

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>78012</b> – Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>78013</b> – Thyroid imaging (including vascular flow, when performed);</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>78014</b> – Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</li> </ul>

2012 CPT® Description	2013 CPT® Description
<b>78070</b> – Parathyroid imaging	▲ <b>78070</b> – Parathyroid planar imaging (including subtraction, when performed);
	● <b>78071</b> – Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)
	● <b>78072</b> – Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

# Pathology & Laboratory/Tier 1 Molecular Pathology

2012 CPT® Description	2013 CPT® Description
	● <b>81201</b> – APC ( <i>adenomatous polyposis coli</i> ) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
	● <b>81202</b> – APC ( <i>adenomatous polyposis coli</i> ) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
	● <b>81203</b> – APC ( <i>adenomatous polyposis coli</i> ) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
	● <b>81235</b> – EGFR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)

# Pathology & Laboratory/Tier 1 Molecular Pathology

2012 CPT® Description	2013 CPT® Description
	● <b>81252</b> – GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence
	● <b>81253</b> – GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants
	● <b>81254</b> – GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])



# Pathology & Laboratory/Tier 1 Molecular Pathology

2012 CPT® Description	2013 CPT® Description
	● <b>81321</b> – PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
	● <b>81322</b> – PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
	● <b>81323</b> – PTEN (phosphatase and tensin homolog) (e.g., Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
	● <b>81324</b> – PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
	● <b>81325</b> – PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
	● <b>81326</b> PMP22 (peripheral myelin protein 22) (e.g., Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant

# Pathology & Laboratory/Tier 2 Molecular Pathology

2012 CPT® Description	2013 CPT® Description
<b>81400</b> – Molecular pathology procedure, Level 1	▲ <b>81400</b> – Molecular pathology procedure, Level 1
<b>81401</b> – Molecular pathology procedure, Level 2	▲ <b>81401</b> – Molecular pathology procedure, Level 2
<b>81402</b> – Molecular pathology procedure, Level 3	▲ <b>81402</b> – Molecular pathology procedure, Level 3
<b>81403</b> – Molecular pathology procedure, Level 4	▲ <b>81403</b> – Molecular pathology procedure, Level 4
<b>81404</b> – Molecular pathology procedure, Level 5	▲ <b>81404</b> – Molecular pathology procedure, Level 5
<b>81405</b> – Molecular pathology procedure, Level 6	▲ <b>81405</b> – Molecular pathology procedure, Level 6
<b>81406</b> – Molecular pathology procedure, Level 7	▲ <b>81406</b> – Molecular pathology procedure, Level 7
<b>81407</b> – Molecular pathology procedure, Level 8	▲ <b>81407</b> – Molecular pathology procedure, Level 8
<b>81408</b> – Molecular pathology procedure, Level 9	▲ <b>81408</b> – Molecular pathology procedure, Level 9
	● <b>81479</b> – Unlisted molecular pathology procedure



# Pathology & Laboratory/Chemistry

2012 CPT® Description	2013 CPT® Description
	● <b>81500</b> – Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
	● <b>81503</b> – Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
	● <b>81506</b> – Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
	● <b>81508</b> – Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
	● <b>81509</b> – Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score <sup>58</sup>

2012 CPT® Description	2013 CPT® Description
	<ul style="list-style-type: none"> <li>● <b>81510</b> – Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>81511</b> – Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>81512</b> – Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score</li> </ul>
	<ul style="list-style-type: none"> <li>● <b>81599</b> – Unlisted multianalyte assay with algorithmic analysis</li> </ul>

2012 CPT® Description	2013 CPT® Description
<b>82009</b> – Acetone or other ketone bodies, serum; qualitative	▲ <b>82009</b> – Ketone body(s) (e.g., acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative
<b>82010</b> – quantitative	▲ <b>82010</b> – Ketone body(s) (e.g., acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative
	● <b>82777</b> – Galectin-3

2012 CPT® Description	2013 CPT® Description
<b>83890</b> – Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (i.e., DNA or RNA)	<del><b>83890</b>—Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (i.e., DNA or RNA)</del>
<b>83891</b> – Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (i.e., DNA or RNA)	<del><b>83891</b>—Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (i.e., DNA or RNA)</del>
<b>83892</b> – Molecular diagnostics; enzymatic digestion, each enzyme treatment	<del><b>83892</b>—Molecular diagnostics; enzymatic digestion, each enzyme treatment</del>
<b>83893</b> – Molecular diagnostics; dot/slot blot production, each nucleic acid preparation	<del><b>83893</b>—Molecular diagnostics; dot/slot blot production, each nucleic acid preparation</del>
<b>83894</b> – Molecular diagnostics; separation by gel electrophoresis (e.g., agarose, polyacrylamide), each nucleic acid preparation	<del><b>83894</b>—Molecular diagnostics; separation by gel electrophoresis (e.g., agarose, polyacrylamide), each nucleic acid preparation</del>
<b>83896</b> – Molecular diagnostics; nucleic acid probe, each	<del><b>83896</b>—Molecular diagnostics; nucleic acid probe, each</del>
<b>83897</b> – Molecular diagnostics; nucleic acid transfer (e.g., Southern, Northern), each nucleic acid preparation	<del><b>83897</b>—Molecular diagnostics; nucleic acid transfer (e.g., Southern, Northern), each nucleic acid preparation</del>
<b>83898</b> – Molecular diagnostics; amplification, target, each nucleic acid sequence	<del><b>83898</b>—Molecular diagnostics; amplification, target, each nucleic acid sequence</del>



# Pathology and Laboratory/Chemistry

2012 CPT® Description	2013 CPT® Description
<b>83900</b> – Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences	<del><b>83900</b>—Molecular diagnostics; amplification, target, multiplex, first 2 nucleic acid sequences</del>
<b>83901</b> – Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)	<del><b>83901</b>—Molecular diagnostics; amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)</del>
<b>83902</b> – Molecular diagnostics; reverse transcription	<del><b>83902</b>—Molecular diagnostics; reverse transcription</del>
<b>83904</b> – Molecular diagnostics; mutation identification by sequencing, single segment, each segment	<del><b>83904</b>—Molecular diagnostics; mutation identification by sequencing, single segment, each segment</del>
<b>83905</b> – Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment	<del><b>83905</b>—Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment</del>
<b>83906</b> – Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment	<del><b>83906</b>—Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment</del>
<b>83907</b> – Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue), each specimen	<del><b>83907</b>—Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue), each specimen</del>
<b>83908</b> – Molecular diagnostics; amplification,	<del><b>83908</b>—Molecular diagnostics; amplification,</del>

2012 CPT® Description	2013 CPT® Description
<b>83909</b> – Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis), each nucleic acid preparation	<del><b>83909</b>—Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis), each nucleic acid preparation</del>
<b>83912</b> – Molecular diagnostics; interpretation and report	<del><b>83912</b>—Molecular diagnostics; interpretation and report</del>
<b>83913</b> – Molecular diagnostics; RNA stabilization	<del><b>83913</b>—Molecular diagnostics; RNA stabilization</del>
<b>83914</b> – Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay [OLA], single base chain extension [SBCE], or allele-specific primer extension [ASPE])	<del><b>83914</b>—Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay [OLA], single base chain extension [SBCE], or allele-specific primer extension [ASPE])</del>

2012 CPT® Description	2013 CPT® Description
	● <b>86152</b> – Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood);
	● <b>86153</b> – Cell enumeration using immunologic selection and identification in fluid specimen (e.g., circulating tumor cells in blood); physician interpretation and report, when required
	● <b>86711</b> – Antibody; JC (John Cunningham) virus
	● <b>86828</b> – Antibody to human leukocyte antigens (HLA), solid phase assays (e.g., microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens
	● <b>86829</b> – qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens
	● <b>86830</b> – antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I

2012 CPT® Description	2013 CPT® Description
	● <b>86831</b> – antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II
	● <b>86832</b> – high definition qualitative panel for identification of antibody specificities (e.g., individual antigen per bead methodology), HLA Class I
	● <b>86833</b> – high definition qualitative panel for identification of antibody specificities (e.g., individual antigen per bead methodology), HLA Class II
	● <b>86834</b> – semi-quantitative panel (e.g., titer), HLA Class I
	● <b>86835</b> – semi-quantitative panel (e.g., titer), HLA Class II

2012 CPT® Description	2013 CPT® Description
<b>87498</b> – Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique	▲ <b>87498</b> – Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, reverse transcription and amplified probe technique
<b>87521</b> – Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	▲ <b>87521</b> – Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, reverse transcription and amplified probe technique
<b>87522</b> – Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification	▲ <b>87522</b> – Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, reverse transcription and quantification
<b>87535</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	▲ <b>87535</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and amplified probe technique
<b>87536</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification	▲ <b>87536</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and quantification
<b>87538</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	▲ <b>87538</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, reverse transcription and amplified probe technique
<b>87539</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification	▲ <b>87539</b> – Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, reverse transcription and quantification

2012 CPT® Description	2013 CPT® Description
	<p>● <b>87631</b> – respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3–5 targets</p>
	<p>● <b>87632</b> – respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6–11 targets</p>
	<p>● <b>87633</b> – respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12–25 targets</p>

2012 CPT® Description	2013 CPT® Description
	●# <b>87910</b> – Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
	▲ <b>87901</b> – Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
	●# <b>87912</b> – Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus

2012 CPT® Description	2013 CPT® Description
	● <b>88375</b> - Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session
<b>88384</b> - Array-based evaluation of multiple molecular probes; 11 through 50 probes	<del><b>88384</b> - Array-based evaluation of multiple molecular probes; 11 through 50 probes</del>
<b>88385</b> - Array-based evaluation of multiple molecular probes; 51 through 250 probes	<del><b>88385</b> - Array-based evaluation of multiple molecular probes; 51 through 250 probes</del>
<b>88386</b> - Array-based evaluation of multiple molecular probes; 251 through 500 probes	<del><b>88386</b> - Array-based evaluation of multiple molecular probes; 251 through 500 probes</del>

2012 CPT® Description	2013 CPT® Description
	● <b>90653</b> - Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use
<b>90655</b> - Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	▲ <b>90655</b> - Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
<b>90656</b> - Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	▲ <b>90656</b> - Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
<b>90657</b> - Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use	▲ <b>90657</b> - Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
<b>90658</b> - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	▲ <b>90658</b> - Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
<b>90660</b> - Influenza virus vaccine, live, for intranasal use	▲ <b>90660</b> - Influenza virus vaccine, trivalent, live, for intranasal use
	● <b># 90672</b> - Influenza virus vaccine, quadrivalent, live, for intranasal use

2012 CPT® Description	2013 CPT® Description
<b>90665</b> - Lyme disease vaccine, adult dosage, for intramuscular use	<del><b>90665</b>—Lyme disease vaccine, adult dosage, for intramuscular use</del>
<b>90701</b> - Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	<del><b>90701</b>—Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use</del>
<b>90718</b> - Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	<del><b>90718</b>—Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use</del>
	● <b>90739</b> - Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
<b>90746</b> - Hepatitis B vaccine, adult dosage for intramuscular use	▲ <b>90746</b> - Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use

2012 CPT® Description	2013 CPT® Description
	● <b>+ 90785</b> – Interactive complexity (List separately in addition to the code for primary procedure)
	● <b>90791</b> – Psychiatric diagnostic evaluation
	● <b>90792</b> – Psychiatric diagnostic evaluation with medical services
<b>90801</b> – Psychiatric diagnostic interview examination	<del><b>90801</b> – Psychiatric diagnostic interview examination</del>
<b>90802</b> – Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication	<del><b>90802</b> – Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication</del>
<b>90804</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient	<del><b>90804</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient</del>
<b>90805</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	<del><b>90805</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services</del>



2012 CPT® Description	2013 CPT® Description
<b>90806</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	<del><b>90806</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;</del>
<b>90807</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services	<del><b>90807</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services</del>
<b>90808</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	<del><b>90808</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;</del>
<b>90809</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	<del><b>90809</b> – Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services</del>
<b>90810</b> – Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of	<del><b>90810</b> – Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of</del>

2012 CPT® Description	2013 CPT® Description
<b>90811</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services	<del><b>90811</b>—Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services</del>
<b>90812</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;	<del><b>90812</b>—Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;</del>
<b>90813</b> - with medical evaluation and management services	<del><b>90813</b>—with medical evaluation and management services</del>
<b>90814</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	<del><b>90814</b>—Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;</del>
<b>90815</b> - with medical evaluation and management services	<del><b>90815</b>—with medical evaluation and management services</del>

2012 CPT® Description	2013 CPT® Description
<b>90816</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	<del><b>90816</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;</del>
<b>90817</b> - with medical evaluation and management services	<del><b>90817</b> - with medical evaluation and management services</del>
<b>90818</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	<del><b>90818</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;</del>
<b>90819</b> - with medical evaluation and management services	<del><b>90819</b> - with medical evaluation and management services</del>
<b>90821</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	<del><b>90821</b> - Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;</del>
<b>90822</b> - with medical evaluation and management services	<del><b>90822</b> - with medical evaluation and management services</del>

2012 CPT® Description	2013 CPT® Description
<b>90823</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;	<del><b>90823</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient;</del>
<b>90824</b> - with medical evaluation and management services	<del><b>90824</b> - with medical evaluation and management services</del>
<b>90826</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	<del><b>90826</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;</del>
<b>90827</b> - with medical evaluation and management services	<del><b>90827</b> - with medical evaluation and management services</del>
<b>90828</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;	<del><b>90828</b> - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient;</del>
<b>90829</b> - with medical evaluation and	<del><b>90829</b> - with medical evaluation and</del>

2012 CPT® Description	2013 CPT® Description
	● <b>90832</b> – Psychotherapy, 30 minutes with patient and/or family member
	●+ <b>90833</b> – Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
	● <b>90834</b> – Psychotherapy, 45 minutes with patient and/or family member
	●+ <b>90836</b> – Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
	● <b>90837</b> – Psychotherapy, 60 minutes with patient and/or family member
	●+ <b>90838</b> – Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)
	● <b>90839</b> – Psychotherapy for crisis; first 60 minutes
	●+ <b>90840</b> – Psychotherapy for crisis; each

2012 CPT® Description	2013 CPT® Description
<b>90857</b> - Interactive group psychotherapy	<del><b>90857</b> - Interactive group psychotherapy</del>
<b>90862</b> - Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	<del><b>90862</b> - Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy</del>
	● <b>+ 90863</b> - Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)
<b>90875</b> - Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	▲ <b>90875</b> - Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes
<b>90876</b> - approximately 45-50 minutes	▲ <b>90876</b> - 45 minutes
<b>90889</b> - Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	▲ <b>90889</b> - Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers

2012 CPT® Description	2013 CPT® Description
<b>90935</b> – Hemodialysis procedure with single physician evaluation	▲ <b>90935</b> – Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
<b>90945</b> – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	▲ <b>90945</b> – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
<b>90947</b> – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	▲ <b>90947</b> – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluation by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

2012 CPT® Description	2013 CPT® Description
<b>90951</b> – End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	▲ <b>90951</b> – End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
<b>90952</b> – with 2-3 face-to-face physician visits per month	▲ <b>90952</b> – with 2-3 face-to-face visits by a physician or other qualified health care professional per month
<b>90953</b> – with 1 face-to-face physician visits per month	▲ <b>90953</b> – with 1 face-to-face visit by a physician or other qualified health care professional per month
<b>90954</b> – End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	▲ <b>90954</b> – End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
<b>90955</b> – with 2-3 face-to-face physician visits per month	▲ <b>90955</b> – with 2-3 face-to-face visits by a physician or other qualified health care professional per month

2012 CPT® Description	2013 CPT® Description
<b>90957</b> – End-stage renal disease (ESRD) related services monthly, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month	▲ <b>90957</b> – End-stage renal disease (ESRD) related services monthly, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
<b>90958</b> – with 2–3 face-to-face physician visits per month	▲ <b>90958</b> – with 2–3 face-to-face visits by a physician or other qualified health care professional per month
▲ <b>90959</b> – with 1 face-to-face physician visits per month	▲ <b>90959</b> – with 1 face-to-face visit by a physician or other qualified health care professional per month
<b>90960</b> – End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month	▲ <b>90960</b> – End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
<b>90961</b> – with 2–3 face-to-face physician visits per month	▲ <b>90961</b> – with 2–3 face-to-face visits by a physician or other qualified health care professional per month
<b>90962</b> – with 1 face-to-face physician visits per month	▲ <b>90962</b> – with 1 face-to-face visit by a physician or other qualified health care professional per month

2012 CPT® Description	2013 CPT® Description
<b>91110</b> – Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report	▲ <b>91110</b> – Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with interpretation and report
<b>91111</b> – Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report	▲ <b>91111</b> – Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report
	● <b>91112</b> – Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

2012 CPT® Description	2013 CPT® Description
<b>92286</b> – Special anterior segment photography with interpretation and report; with specular endothelial microscopy cell count	▲ <b>92286</b> – Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
<b>92287</b> – with fluorescein angiography	▲ <b>92287</b> – with fluorescein angiography

# Medicine/Special Otorhinolaryngologic Services

2012 CPT® Description	2013 CPT® Description
<b>92613</b> – Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only	▲ <b>92613</b> – Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
<b>92615</b> – Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only	▲ <b>92615</b> – Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
<b>92617</b> – Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only	▲ <b>92617</b> – Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only

2012 CPT® Description	2013 CPT® Description
<b>92980</b> - Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	<del><b>92980</b>—Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel</del>
<b>92981</b> - Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)	<del><b>92981</b>—Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)</del>
<b>92982</b> - Percutaneous transluminal coronary balloon angioplasty; single vessel	<del><b>92982</b>—Percutaneous transluminal coronary balloon angioplasty; single vessel</del>
<b>92984</b> - each additional vessel (List separately in addition to code for primary procedure)	<del><b>92984</b>—each additional vessel (List separately in addition to code for primary procedure)</del>
<b>92995</b> - Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel	<del><b>92995</b>—Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel</del>
<b>92996</b> - each additional vessel (List separately in addition to code for primary procedure)	<del><b>92996</b>—each additional vessel (List separately in addition to code for primary procedure)</del>

2012 CPT® Description	2013 CPT® Description
	●# 92920 - Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
	●#+ 92921 - each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
	●# 92924 - Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
	●#+ 92925 - each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
	●# 92928 - Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
	●#+ 92929 - each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
	●# 92933 - Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or 86

2012 CPT® Description	2013 CPT® Description
	● <b># + □ 92934</b> - each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
	● <b># □ 92937</b> - Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
	● <b># + □ 92938</b> - each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)
	● <b># □ 92941</b> - Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

2012 CPT® Description	2013 CPT® Description
	●# □ <b>92943</b> - Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel
	●#+ □ <b>92944</b> - each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)
#+ <b>92973</b> - Percutaneous transluminal coronary thrombectomy (List separately in addition to code for primary procedure)	▲#+ □ <b>92973</b> - Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)

2012 CPT® Description	2013 CPT® Description
<b>93015</b> - Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, interpretation and report	<b>▲ 93015</b> - Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
<b>93016</b> - physician supervision only, without interpretation and report	<b>▲ 93016</b> - supervision only, without interpretation and report
<b>93224</b> - External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation	<b>▲ 93224</b> - External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
<b>93227</b> - physician review and interpretation	<b>▲ 93227</b> - review and interpretation by a physician or other qualified health care professional
<b>93228</b> - External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days;	<b>▲ 93228</b> - External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days;

2012 CPT® Description	2013 CPT® Description
<p><b>93229</b> – External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports</p>	<p>▲ <b>93229</b> – External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional</p>
<p><b>93268</b> – External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, physician review and interpretation</p>	<p>▲ <b>93268</b> – External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional</p>
<p><b>93272</b> – physician review and interpretation</p>	<p>▲ <b>93272</b> – review and interpretation by a physician or other qualified health care professional</p>

2012 CPT® Description	2013 CPT® Description
<b>93279</b> - Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system	<b>▲ 93279</b> - Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
<b>93280</b> - dual lead pacemaker system	<b>▲ 93280</b> - dual lead pacemaker system
<b>93281</b> - multiple lead pacemaker system	<b>▲ 93281</b> - multiple lead pacemaker system
<b>93282</b> - single lead implantable cardioverter-defibrillator system	<b>▲ 93282</b> - single lead implantable cardioverter-defibrillator system
<b>93283</b> - dual lead implantable cardioverter-defibrillator system	<b>▲ 93283</b> - dual lead implantable cardioverter-defibrillator system
<b>93284</b> - multiple lead implantable cardioverter-defibrillator system	<b>▲ 93284</b> - multiple lead implantable cardioverter-defibrillator system
<b>93285</b> - implantable loop recorder system	<b>▲ 93285</b> - implantable loop recorder system
<b>93286</b> - Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system	<b>▲ 93286</b> - Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system

2012 CPT® Description	2013 CPT® Description
<b>93287</b> – single, dual, or multiple lead implantable cardioverter-defibrillator system	▲ <b>93287</b> – single, dual, or multiple lead implantable cardioverter-defibrillator system
<b>93288</b> – Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	▲ <b>93288</b> – Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
<b>93289</b> – single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	▲ <b>93289</b> – single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
<b>93290</b> – implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	▲ <b>93290</b> – implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
<b>93291</b> – implantable loop recorder system, including heart rhythm derived data analysis	▲ <b>93291</b> – implantable loop recorder system, including heart rhythm derived data analysis
<b>93292</b> – wearable defibrillator system	▲ <b>93292</b> – wearable defibrillator system



2012 CPT® Description	2013 CPT® Description
<b>93293</b> - Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days	▲ <b>93293</b> - Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
<b>93294</b> - Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)	▲ <b>93294</b> - Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
<b>93295</b> - single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)	▲ <b>93295</b> - single, dual, or multiple lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
<b>93297</b> - Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)	▲ <b>93297</b> - Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional

2012 CPT® Description	2013 CPT® Description
<p><b>93298</b> - Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)</p>	<p>▲ <b>93298</b> - Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional</p>
<p><b>93351</b> - Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision</p>	<p>▲ <b>93351</b> - Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional</p>

2012 CPT® Description	2013 CPT® Description
<b>93651</b> - Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination	<del><b>93651</b>—Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination</del>
<b>93652</b> - Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	<del><b>93652</b>—Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia</del>
	<p>● <b>93653</b> - Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry</p>
	<p>● <b>93654</b> - with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular</p>

2012 CPT® Description	2013 CPT® Description
	<p>●+▢ <b>93655</b> - Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)</p>
	<p>●▢ <b>93656</b> - Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation</p>
	<p>●+▢ <b>93657</b> - Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)</p>

# Medicine/Noninvasive Vascular Diagnostic Studies

2012 CPT® Description	2013 CPT® Description
<b>93745</b> - Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	▲ <b>93745</b> - Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events
<b>93750</b> - Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report	▲ <b>93750</b> - Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report
<b>93790</b> - review with interpretation and report	▲ <b>93790</b> - review with interpretation and report
<b>93797</b> - Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	▲ <b>93797</b> - Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
<b>93798</b> - with continuous ECG monitoring (per session)	▲ <b>93798</b> - with continuous ECG monitoring (per session)



# Medicine/Pulmonary

2012 CPT® Description	2013 CPT® Description
<b>94014</b> – Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and physician review and interpretation	▲ <b>94014</b> – Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
<b>94016</b> –physician review and interpretation	▲ <b>94016</b> –review and interpretation only by a physician or other qualified health care professional
<b>94452</b> – High altitude simulation test (HAST), with physician interpretation and report	▲ <b>94452</b> – High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;
<b>94453</b> – with supplemental oxygen titration	▲ <b>94453</b> – with supplemental oxygen titration
<b>94610</b> – Intrapulmonary surfactant administration by a physician through endotracheal tube	▲ <b>94610</b> – Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube
<b>94774</b> – Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report	▲ <b>94774</b> – Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified

2012 CPT® Description	2013 CPT® Description
<p><b>94777</b> – Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only</p>	<p><b>▲ 94777</b> – Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional</p>

2012 CPT® Description	2013 CPT® Description
<b>95004</b> – Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests	▲ <b>95004</b> – Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
<b>95010</b> – Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	<del><b>95010</b> — Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests</del>
<b>95015</b> – Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	<del><b>95015</b> — Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests</del>
	● <b>95017</b> – Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
	● <b>95018</b> – Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests

2012 CPT® Description	2013 CPT® Description
<b>95024</b> - Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, specify number of tests	▲ <b>95024</b> - Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
<b>95027</b> - Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report by a physician, specify number of tests	▲ <b>95027</b> - Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests

# Medicine/Allergy and Clinical Immunology

2012 CPT® Description	2013 CPT® Description
<b>95120</b> - Professional services for allergen immunotherapy in prescribing physicians office or institution, including provision of allergenic extract; single injection	▲ <b>95120</b> - Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
<b>95125</b> - 2 or more injections	▲ <b>95125</b> - 2 or more injections
<b>95130</b> - single stinging insect venom	▲ <b>95130</b> - single stinging insect venom
<b>95131</b> - 2 stinging insect venoms	▲ <b>95131</b> - 2 stinging insect venoms
<b>95132</b> - 3 stinging insect venoms	▲ <b>95132</b> - 3 stinging insect venoms
<b>95133</b> - stinging insect venoms	▲ <b>95133</b> - stinging insect venoms
<b>95134</b> - 5 stinging insect venoms	▲ <b>95134</b> - 5 stinging insect venoms

# Medicine/Neurology and Neuromuscular Procedures

2012 CPT® Description	2013 CPT® Description
<b>95808</b> – Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	▲ <b>95808</b> – Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
<b>95810</b> – sleep staging with 4 or more additional parameters of sleep, attended by a technologist	▲ <b>95810</b> – age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
<b>95811</b> – sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	▲ <b>95811</b> – age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
	● # <b>95872</b> – younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
	● # <b>95783</b> – younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
<b>95830</b> – Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording	▲ <b>95830</b> – Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording

# Medicine/Neurology and Neuromuscular Procedures

2012 CPT® Description	2013 CPT® Description
<b>95900</b> - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	<del><b>95900</b> - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study</del>
<b>95903</b> - motor, with F-wave study	<del><b>95903</b> - motor, with F-wave study</del>
<b>95904</b> - sensory	<del><b>95904</b> - sensory</del>
	● <b>95907</b> - Nerve conduction studies; 1-2 studies
	● <b>95908</b> - 3-4 studies
	● <b>95909</b> - 5-6 studies
	● <b>95910</b> - 7-8 studies
	● <b>95911</b> - 9-10 studies
	● <b>95912</b> - 11-12 studies
	● <b>95913</b> - 13 or more studies



# Medicine/Neurology and Neuromuscular Procedures

2012 CPT® Description	2013 CPT® Description
<b>95920</b> - Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)	<del><b>95920</b>—Intraoperative neurophysiology testing, per hour (List separately in addition to code for primary procedure)</del>
	● <b>#+ 95940</b> - Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
	● <b>#+ 95941</b> - Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
	● <b>95924</b> - combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
	● <b>95943</b> - Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

# Medicine/Neurology and Neuromuscular Procedures

2012 CPT® Description	2013 CPT® Description
<b>95934</b> - H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	<del><b>95934</b>—H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle</del>
<b>95936</b> - reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	<del><b>95936</b>—reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle</del>
<b>95954</b> - Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (e.g., thiopental activation test)	<b>▲ 95954</b> - Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (e.g., thiopental activation test)
<b>95961</b> - Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance	<b>▲ 95961</b> - Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional
<b>+95962</b> - each additional hour of physician attendance (List separately in addition to code for primary procedure)	<b>▲ +95962</b> - each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
<b>95991</b> - requiring physician's skill	<b>▲ 95991</b> - requiring skill of a physician or other qualified health care professional

# Medicine/Neurology and Neuromuscular Procedures

2012 CPT® Description	2013 CPT® Description
<p><b>96004</b> – Physician review and interpretation of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report</p>	<p>▲ <b>96004</b> – Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report</p>
<p><b>96020</b> – Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report</p>	<p>▲ <b>96020</b> – Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (i.e., psychologist), with review of test results and report</p>



# Medicine/Physical Medicine and Rehabilitation

2012 CPT® Description	2013 CPT® Description
<b>97530</b> - Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	▲ <b>97530</b> - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
<b>97532</b> - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	▲ <b>97532</b> - Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
<b>97533</b> - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	▲ <b>97533</b> - Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
<b>97535</b> - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	▲ <b>97535</b> - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
<b>97537</b> - Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	▲ <b>97537</b> - Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes

2012 CPT® Description	2013 CPT® Description
<b>97755</b> – Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes	<b>▲ 97755</b> – Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes

# Medicine/Special Services, Procedures and Reports

2012 CPT® Description	2013 CPT® Description
<b>99000</b> - Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	<b>▲ 99000</b> - Handling and/or conveyance of specimen for transfer from the office to a laboratory
<b>99001</b> - Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)	<b>▲ 99001</b> - Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)
<b>99002</b> - Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician	<b>▲ 99002</b> - Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional
<b>99070</b> - Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	<b>▲ 99070</b> - Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

# Medicine/Special Services, Procedures and Reports

2012 CPT® Description	2013 CPT® Description
<b>99071</b> – Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician	▲ <b>99071</b> – Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional
<b>99078</b> – Physician educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)	▲ <b>99078</b> – Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
<b>99091</b> – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time	▲ <b>99091</b> – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time

2012 CPT® Description	2013 CPT® Description
<p><b>99143</b> - Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time</p>	<p>▲ <b>99143</b> - Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time</p>
<p><b>99144</b> - age 5 years or older, first 30 minutes intra-service time</p>	<p>▲ <b>99144</b> - age 5 years or older, first 30 minutes intra-service time</p>
<p><b>+99145</b> - each additional 15 minutes intra-service time (List separately in addition to code for primary service)</p>	<p>▲ <b>+ 99145</b> - each additional 15 minutes intra-service time (List separately in addition to code for primary service)</p>
<p><b>99148</b> - Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time</p>	<p>▲ <b>99148</b> - Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time</p>

# Medicine/Moderate (Conscious) Sedation

2012 CPT® Description	2013 CPT® Description
<b>99149</b> – age 5 years or older, first 30 minutes intra-service time	<b>▲ 99149</b> – age 5 years or older, first 30 minutes intra-service time
<b>+99150</b> – each additional 15 minutes intra-service time (List separately in addition to code for primary service)	<b>▲+ 99150</b> – each additional 15 minutes intra-service time (List separately in addition to code for primary service)

# Medicine/Other Services and Procedures

2012 CPT® Description	2013 CPT® Description
<b>99174</b> – Ocular screening photoscreening with interpretation and report, bilateral	▲ <b>99174</b> – Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral
<b>99183</b> – Physician attendance and supervision of hyperbaric oxygen therapy, per session	▲ <b>99183</b> – Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session

## 7 new Category II codes have been added in CPT® 2013

- 1052F – Type, anatomic location, and activity all assessed (IBD)
- 3517F – Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)
- 3520F – Clostridium difficile testing performed (IBD)
- 3750F – Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)
- 4069F – Venous thromboembolism (VTE) prophylaxis received (IBD)
- 4142F – Corticosteroid sparing therapy prescribed (IBD)
- 6150F – Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)

## 6 Description Changes for Category II Codes

- 1005F – Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA – No Measure Associated)
- 2060F – Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)
- 4240F – Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)
- 5010F – Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)
- 5020F – Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)
- 5100F – Potential risk for fracture communicated to the referring physician or other qualified health care professional within 34

- Category III codes describe emerging technologies and, unlike Category I unlisted procedure codes, allow for tracking and collection of specific data
- If a Category III code is available, it must be reported instead of a Category I unlisted procedure code
  - 28 New codes
  - 2 Revised codes

- Medical and Surgical Supplies – 2 New Codes and 3 Revised Codes
- Outpatient PPS – 16 New Codes, 1 Revised Code and 10 Deleted Codes
- Durable Medical Equipment – 2 New Codes and 5 Revised Codes
- Procedures/Professional Services (Temporary) – 121 New Codes, 132 Revised Codes and 50 Deleted Codes
- Drugs Administered other than Oral Method – 13 New Codes, 2 Revised Codes and 5 Deleted Codes
- Orthotic Procedures – 3 New Codes and 6 Revised Codes
- Q Codes (Temporary) – 9 New Codes, 3 Revised Codes and 4 Deleted Codes
- Temporary National Codes (S) – 7 New Codes and 20 Deleted Codes
- Hearing Services (V) – 10 New Codes and 1 Revised Code



# 2013 Modifiers

- **-24** Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
- **-25** Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
- **-26** Professional Component: Certain procedures are a combination of a physician or other qualified health care professional component and a technical component
- **-51** Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (e.g., vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed
- **-52** Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional
- **-53** Discontinued Procedure: Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure
- **-54** Surgical Care Only: When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management



# 2013 Modifiers

- **-55** Postoperative Management Only: When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure
- **-56** Preoperative Management Only: When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure
- **-58** Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
- **-63** Procedure Performed on Infants less than 4 kg: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients
- **-66** Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept
- **-79** Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
- **-90** Reference (Outside) Laboratory: When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional



## Questions?

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